

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495196	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2016
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF ALTAVISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1317 LOLA AVE ALTAVISTA, VA 24517		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments		F 000		
	<p>An unannounced biennial State Licensure Inspection survey was conducted 4/12/16 through 4/13/16. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey</p> <p>The census in this 111 bed facility was 105 at the time of the survey. The survey sample consisted of eighteen current resident reviews (Residents 1 through 18) and three closed record reviews (Residents 19 through 21).</p>				
F 001	Non Compliance		F 001		
	<p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: Dietary and Food Service Program 12 VAC 5-371-340 A - cross reference to F371</p> <p>Pharmaceutical Services 12 VAC 5-371-300 B - cross reference to F431</p>			<p>See F-371 page 2</p> <p>See F-431 page 5</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2016
FORM APPROVED
OMB NO. 0938-0391

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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid standard survey was conducted 4/12/16 through 4/13/16. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. No complaints were investigated during the survey. The Life Safety Code survey/report will follow.

The statements on this plan of correction are not an admission to; do not constitute an agreement with the alleged deficiencies stated. The plan of correction constitutes the facility's allegation of compliance.

The census in this 111 certified bed facility was 105 at the time of the survey. The survey sample consisted of eighteen current resident reviews (Residents 1 through 18) and three closed record reviews (Residents 19 through 21).

F 371 483.35(i) FOOD PROCURE,
SS=E STORE/PREPARE/SERVE - SANITARY

F 371

The facility must -
(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and
(2) Store, prepare, distribute and serve food under sanitary conditions

This REQUIREMENT is not met as evidenced by:

Based on observation, facility document review and staff interview, the facility staff failed to store, prepare and distribute food in a sanitary manner. The counter mounted can opener and electric can opener in the kitchen were dirty. Two containers of prepared tuna salad opened 10 days prior to the survey were stored in the refrigerator. The containers, opened on 4/2/16

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 were not labeled with a use by date. Fourteen bottles of expired nutritional supplement were stored and available for use in the refrigerator on the west unit. The findings include: a) On 4/12/16 at 7:35 a.m. accompanied by the dietary manager, the kitchen was inspected during the initial tour of the facility. The counter mounted can opener and the electric can opener in the food preparation area were dirty. The counter mounted can opener had accumulated black and brown residue on the blade, post and base. The base and post of the opener were sticky to touch. The blade on the electric can opener positioned on the food prep counter was also dirty with an accumulation of black/brown debris. Stored in the reach in refrigerator were two opened and partially used 5 lb. (pound) containers of tuna salad marked with the date "4/2." The containers were not marked with a use by or discard date. On 4/12/16 at 8:00 a.m. the dietary manager was interviewed about the dirty can openers and the tuna salad opened on 4/2. The dietary manager stated the can openers were supposed to be clean. Concerning the opened containers of tuna salad, the dietary manager stated the containers were opened on 4/2/16 but she was not clear on how long the opened tuna salad could be used. When asked how long the tuna salad could be stored after opening, the dietary manager stated 3 days. The dietary manager then stated the opened tuna salad was supposed to be discarded after 7 days. When asked why the tuna salad had not been discarded, the dietary manager stated the tuna salad could be used until the	F 371 F 371	<ol style="list-style-type: none"> 1. The counter mounted and electric can openers in the kitchen have been cleaned. The out of date tuna salad was removed from the refrigerator. All out of date and open containers (with no label of date opened) of Ensure Plus from the nourishment refrigerator on the west unit were discarded. 2. All can openers have been checked to ensure not dirty with no further incidences noted. All kitchen refrigerators were checked for out of date tuna salad and all nourishment refrigerators were checked for out of date Ensure Plus and for open undated containers of Ensure plus with no further incidences noted. 3. Dining Services Manager/Kitchen Supervisor have in-serviced kitchen staff on wiping can openers after each use and scheduled weekly cleaning of can openers and discarding any open commercially processed foods 7 days after open date Dining services Manager/Kitchen Supervisor will audit the can opener cleaning weekly and will audit kitchen/nourishment refrigerators 2 times a week, for 90 days for any out of date items. 4. Dining Services Manager/Kitchen Supervisor will review audits with Dietician and or Administrator weekly and in quarterly QA for review/recommendations. 5. Date of completion 4/25/16 	

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F 371	<p>Continued From page 2</p> <p>manufacturer's stamped expiration date. The opened tuna salad containers had manufacturer's expiration dates of 4/18/16 and 4/30/16.</p> <p>On 4/13/16 at 7:50 a.m. the administrator was interviewed about the discard date for the opened tuna salad. The administrator presented a copy of the facility's policies about food storage. The administrator stated the policy required food items to be labeled and dated when opened/prepared and monitored so they were used by the used by date.</p> <p>On 4/13/16 at 8:00 a.m. the dietary manager was interviewed again about the dirty can openers and of any scheduled cleaning. The dietary manager stated the can openers were supposed to be cleaned weekly. The dietary manager stated the post/handle for the mounted can opener was cleaned in the dishwasher but the blade on the electric can opener had to be cleaned by hand.</p> <p>The facility's policy titled Sanitary Conditions: Food Service and Distribution (no effective date) stated, "It is the policy of this facility to serve and distribute food under sanitary conditions, per the 2009 US Food Code." The policy titled Sanitary Conditions (no effective date) stated, "Refrigerated foods is labeled, dated and monitored, including but not limited to leftovers, so that they are used by the use-by date, frozen or discarded." (sic)</p> <p>Page 86 of the U. S. Food Code 2009 states concerning opening and holding of commercially processed foods, "...refrigerated, Ready-To-Eat, Potentially Hazardous Food (Time/Temperature Control for Safety Food) prepared and packaged by a Food Processing Plant shall be clearly</p>	F 371		

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F 371	Continued From page 3 marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded...The day the original container is opened in the food establishment shall be counted as Day 1..." (1) (1) Food Code. U.S. Public Health Service. U.S. Department of Health and Human Services. Food and Drug Administration. College Park, MD: 2009 These findings were reviewed with the administrator and director of nursing during a meeting on 4/12/16 at 4:30 p.m. b) On 4/13/16 at 10:35 a.m. accompanied by licensed practical nurse (LPN) #1, the nourishment refrigerator on the west unit was inspected. Stored in the refrigerator were: six unopened bottles of Ensure Plus with an expiration date of 9/1/15; five bottles of Ensure Plus with expiration date of 10/1/15; two bottles of Ensure Plus with expiration date of 8/1/15; one 8 oz. (ounce) bottle of Ensure Plus supplement labeled as opened on 7/13/14 with an expiration date of 5/1/15 and one bottle of Ensure Plus opened with no label of the date opened. The bottles of expired Ensure Plus were labeled with a current resident's name. LPN #1 was interviewed at the time of the observation about the expired and opened items stored in the refrigerator. LPN #1 stated the Ensure Plus was brought by family members for residents and should have been discarded prior	F 371			

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F 371	Continued From page 4 to the expiration date. LPN #1 stated food items were supposed to be labeled with the date opened. LPN #1 stated, "We are all responsible for discarding expired items." These findings were reviewed with the administrator and director of nursing during a meeting on 4/13/16 at 11:40 a.m. The director of nursing stated during this meeting that dietary personnel were responsible for monitoring the unit refrigerators and discarding dated or expired items.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked,	F 431		
		F 431	<ol style="list-style-type: none"> 1. Undated vial of PPD was discarded from the west wing medication room 2. All medication rooms were audited for open undated PPD vials with no further incidences noted. 3. DON has in-serviced licensed nurses to date any PPD or other vials when opened. 11-7 charge nurse to audit medication refrigerators daily for open vials and date opened. DON/ADON or designee to review audits weekly. Pharmacy consultant to review audits monthly. 4. DDN/ADON to review results of audit in quarterly QA for review/recommendations. 5. Date of completion 4/22/16 	

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F 431	Continued From page 5 permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, the facility staff failed to ensure a Tuberculin Purified Protein Derivative was labeled when opened in one of two medication rooms, West Wing medication room. A vial of PPD was observed in the refrigerator, in the medication room, without a date when opened. The findings include: On 4/12/16 at approximately 3:00 p.m., during the medication room observation with the medication nurse, who was a licensed practical nurse and will be identified as LPN #2, a vial of PPD was observed in the refrigerator without a date when opened. LPN #2 observed the vial of PPD and stated, "I don't see a date either. I guess I'll just throw it away." LPN #2 discarded the vial of PPD in the sharps container located on the side of the medication cart. The packet insert was retrieved from the vial of PPD and reviewed to include the following: "Dosage and Administration...Vials in use for	F 431		

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F 431	Continued From page 6 more than 30 days should be discarded..."		F 431		
	<p>On 4/12/16 at approximately 3:10 p.m., the director of nursing (DON) was made aware of the above findings.</p> <p>On 4/13/16 at approximately 11:45 a.m., a copy of the facility's policy was requested and reviewed to include the following: "Medication Storage In The Facility...Storage of Medications...Expiration Dating:...C. Certain medications or package types, such as IV (intravenous) solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency..."</p> <p>No further information was provided during the course of the survey regarding the PPD being opened and not labeled.</p>				

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